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Weekly Bulletin

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. III, No. 25

AUGUST 2, 1924

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EDITOR

**Clonorchiosis Held
"Contagious Disease."**

The following abstract of a court decision concerning release of a clonorchiosis patient held for deportation will be of interest to California health officers. A few years ago a large number of Chinese suffering from this disease was held at Angel Island in San Francisco Bay, giving rise to legal effort to secure their release.

Clonorchiosis as a
"Dangerous Contagious Disease."

(Ex parte Liang Buck Chew (U. S.),
296 Fed. R. 182.)

The United States District Court, in Massachusetts, in dismissing a petition to secure the release by habeas corpus of a Chinese who was held for deportation because the health officers of the immigration service certified that he was suffering from a "dangerous contagious disease," being found to have clonorchiosis, or flukeworm of the liver, disagrees with the contention that the medical certificate was conclusive on all parties in interest, and that no inquiry was open as to whether it was correct or incorrect, reasonable or unreasonable. The court says that it seems to it that the certificate of a health officer made under the statute stands on the same footing as final decisions of other immigration tribunals, and that it is open to the petitioner to show that the certificate was wholly unwarranted on any reasonable view of the applicant's condition; in

other words, was unsupported by any evidence. Clonorchiosis is not directly transmissible from man to man; the parasite that causes it has to pass through two intermediate hosts before becoming capable of infecting another person. It is contracted by human beings, usually and perhaps always, by eating raw or nearly raw fish infested with the parasite. The regulations of the public health service, which declare that the word "contagious" is to be regarded as synonymous with "communicable," include it as a dangerous contagious disease. The underlying intention of the statute is to establish safeguards against the introduction into this country by alien immigrants of dangerous diseases, which might spread and do harm here. Certain diseases of which this would be true—e.g., yellow fever—are not contagious in the strict sense of the word. But they must be within the intended scope of the act. The regulation making "contagious" equivalent to "communicable" seems pretty broad; but, assuming that the regulation be given a reasonable construction, the court is not prepared to say that it is invalid. Even so, there remains a good deal of doubt whether clonorchiasis can reasonably be found to be a dangerous contagious disease in this country. In view of its history and nature, there seems little likelihood of its ever becoming a menace here. It may be that the health officers are overcautious about it; but it seems to the court to be going too far to say that they are unreasonable.

Have mind upon your health.—Shakespeare,
in Julius Caesar.

Pacific Coast Health Officers To Meet In Portland.

The annual conference of Pacific coast health officers will be held in Portland, Oregon, August 6th. The headquarters will be the Portland Hotel. The meetings will be held in Library Hall of the Public Library Building. A number of California health officers will be in attendance, among them Dr. F. W. Browning, secretary of the Health Officers' Section of the California League of Municipalities, Dr. W. M. Dickie, Secretary of the California State Board of Health, Dr. C. H. Halliday, Epidemiologist of the California State Board of Health, Dr. N. E. Wayson, San Francisco, United States Public Health Service, and Dr. John N. Force, University of California. The program follows:

August 6th.

- 9:00 A.M. Registration.
- 10:00 A.M. Call to order by the President.
Roll Call.
- 10:00 A.M. Address of Welcome—Walter M. Pierce, Governor of Oregon.
- 10:30 A.M. President's Address.
- 10:45 A.M. Reading of Minutes of Last Conference.
- Uniform State Health Legislation—
Dr. Paul A. Turner, State Health Commissioner, Seattle, Washington.
- Standardized Interstate Auto and Camp Regulations—
Dr. Walter M. Dickie, Secretary, California State Board of Health, Sacramento.
- Reliable Bills of Health—
Dr. Robert H. Mullen, Minister of Health, Vancouver, British Columbia.
- 12:15 P.M. Guests of Social Workers Association of Oregon, Luncheon.—Y. W. C. A.
Public Health—Dr. Walter M. Dickie, Secretary, California State Board of Health, Sacramento.
- 2:00 P.M. Cooperative Health Units—
Dr. John A. Ferrell, International Health Board, New York City.
- Disease Prevention Work of the United States Public Health Service—
Col. G. M. Magruder, U. S. P. H. S., Seattle, Washington.
- Laboratory Work of the United States Public Health Service—
Dr. N. E. Wayson, U. S. P. H. S., San Francisco.
- Selection of next meeting place.
Election of Officers.
- 8:00 P.M. Meeting for physicians.
- Intradermal Tests—
Dr. John N. Force, Associate Professor of Epidemiology, University of California, Berkeley.

Prevention and Cure Held Inseparable.

"The merged fields of cure and prevention can not be occupied by two separate, disarticulated forces, one representing the idea of cure and the other of prevention. Separation of forces means lack of understanding, absence of co-ordination between workers whose tasks are much the same; it means friction and conflict with resulting harm to both medicine and public health. Combination of forces means understanding, co-ordination and increased efficiency for both branches of medicine. Another reason, one of necessity, which requires public health to join with the forces of medicine is the size of the force of workers that public health would have to organize and train in order to encompass the vast problem of disease prevention and health promotion. One can get a quick, convincing view of the size of the force that public health would need to occupy simply the present field of untreated disease, by recalling the fact that the profession of medicine today is able to occupy about one-third or one-fifth of the field which in the interest of the public it should occupy. Public health must of necessity utilize the rank and file of the medical profession, the 150,000 doctors of this country, in performing the various items of work that enter into a public health program, or frankly and seriously considered a program of developing a separate and special force of from 150,000 to 200,000 workers.

The fields of cure and prevention are, then, merged not only through the inseparableness of their problems, but under the necessity of being developed by a single well organized, co-ordinated force."—[From the report of the Committee on Relation of Medical Men and Health Officials, Conference of State and Provincial Health Authorities of North America, 1923.]



Health Constitutes an Indispensable Foundation.

"Health is the indispensable foundation for the satisfaction of life. Everything of domestic joy or occupational success has to be built on bodily wholesomeness and vitality. Health is essential to the enjoyment all through life of sports and active bodily exercise. It is also necessary to continuous capacity for hard work; and it is only through active play and hard work that anybody can make sure of the durable satisfaction

of life. To promote health in the individual, the family, and the community, should be the constant aim of every good citizen in the American democracy."—Charles W. Eliot.

Out In The Open.

Year by year the city dweller is being more and more hedged in by his environment. Homes, at one time with plenty of yards on all sides, are being crowded together, streets where once the horse and the human were supreme, are now filled to overflowing with the noise and confusion of automobile and trolley traffic. Tall buildings are cutting off light and ventilation and the factories are filling the air with smoke and fumes. The city dweller is adapting himself to these cage-like conditions and is happy only in this environment.

Human beings were made to live with the heavens overhead, with open spaces on all sides and with real earth under foot. In the city today there are buildings and wires over head, motor vehicles and noisy life on all sides and brick and concrete under foot.

While the business of life seems to require many people to live in crowded centers, nevertheless everyone should get out into the open as often and for as long periods of time as possible, especially during the summer months.—New Haven Department of Health.

Immunize Individuals In All Summer Camps.

Organizations and individuals who undertake the responsibility of providing outings for groups of children and who conduct summer camps for Boy Scouts and similar organizations are loaded down with heavy duties. The appearance of three cases of typhoid fever among a troop of Boy Scouts which spent two weeks in a camp in the northern part of the state places an added emphasis upon this responsibility. The provision of adequate sanitary equipment in all camps is necessary as well as the proper maintenance of such equipment. It would seem, however, that more than the provision of a sanitary camp environment, alone, is needed. Every individual who takes part in one of these organized outings should be immunized against typhoid fever, and smallpox as well, before he leaves home. This procedure is of first importance and it should be made a requirement for admission to any and all community camps and organized outings.

Oregon Health Officers To Hold Conference.

City and county health officers of Oregon will hold their annual conference immediately following the meeting of Pacific coast health officers to be held in Portland, August 6th. Among the California public health authorities who will present papers at this state conference are Dr. John N. Force of Berkeley, Dr. N. E. Wayson of San Francisco, Dr. Alexander Fleisher of San Francisco, and Dr. Walter M. Dickie, Secretary of the California State Board of Health. Dr. Abraham Zingher of the Department of Health of New York city will present a paper at this conference, the title of which is, "Results Obtained From the Dick Test In Normal Individuals And In Acute And Convalescent Cases Of Scarlet Fever."

At a nurses' institute, held simultaneously, Miss Elnora Thomson of San Francisco, American Child Health Association, will direct a symposium of the infant and preschool child.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MUMPS
BERI-BERI	OPHTHALMIA NEONATORUM
BOTULISM	PARATYPHOID FEVER
CEREBROSPINAL MENINGITIS (Epidemic)	PELLAGRA
CHICKENPOX	PLAGUE
CHOLERA, ASIATIC	PNEUMONIA
DENGUE	POLIOMYELITIS
DIPHTHERIA	RABIES
DYSENTERY	ROCKY MOUNTAIN
ENCEPHALITIS (Epidemic)	SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TUBERCULOSIS
HOOKWORM	TYPHOID FEVER
INFLUENZA	TYPHUS FEVER
JAUNDICE, INFECTIOUS	WHOOPING COUGH
LEPROSY	YELLOW FEVER
MALARIA	
MEASLES	

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city, and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

* Reported by office number., Name, and, address not required.

MORBIDITY.***Diphtheria.**

161 cases—Willits 1, San Marino 1, South Pasadena 1, Beverly Hills 1, Newport Beach 2, San Leandro 2, San Mateo County 2, Pittsburg 1, San Jose 4, Oakland 11, Merced County 1, Los Angeles City 58, San Francisco 19, Stockton 2, Los Angeles County 12, Compton 2, Huntington Park 1, Manhattan Beach 4, Hawthorne 1, El Segundo 1, South Gate 1, Sacramento 6, Berkeley 6, San Diego 1, Merced 1, Orange County 1, Santa Ana 2, Santa Clara County 1, Alameda County 2, Alameda 1, Fresno County 1, Long Beach 3, Pasadena 1, Santa Rosa 2, Vallejo 1, Fowler 1, Sonoma County 1, Stanislaus County 2.

Measles.

50 cases—Dinuba 1, Oakland 2, Los Angeles City 17, San Francisco 1, Santa Barbara 2, Benicia 1, Sacramento 5, Los Angeles County 2, San Joaquin County 5, Tracy 4, San Diego 1, Berkeley 4, Chico 1, Long Beach 1, Pasadena 2, San Luis Obispo County 1.

Scarlet Fever.

43 cases—South Pasadena 1, Santa Cruz 2, San Leandro 2, Lynwood 2, Oakland 1, Los Angeles City 12, San Francisco 7, Stockton 2, Pomona 1, Los Angeles County 3, San Diego 2, Orange County 2, Fresno County 2, Long Beach 2, Contra Costa 1, Stanislaus County 1.

Smallpox.

76 cases—Venice 3, Los Angeles City 22,

South Pasadena 1, Selma 1, Los Angeles County 26, Compton 5, Huntington Park 1, San Diego 2, Orange County 3, Santa Ana 1, Ventura County 1, Long Beach 6, Santa Maria 3, Burbank 1.

Typhoid Fever.

28 cases—Susanville 1, Imperial County 1, Los Angeles City 8, Los Angeles County 6, Colusa County 1, Santa Cruz 1, Fullerton 1, Benicia 1, Orange County 1, Tehama County 1, Butte County 1, Long Beach 2, Sonoma County 1, California 2.

Whooping Cough.

53 cases—Tulare County 1, Oakland 1, Los Angeles City 18, Whittier 1, Los Angeles County 14, Manteca 5, Berkeley 1, San Diego 1, Santa Ana 1, Santa Clara County 1, Santa Monica 1, Visalia 2, San Luis Obispo County 6.

Epidemic Cerebrospinal Meningitis.

1 case, San Francisco.

Poliomyelitis.

2 cases—Venice 1, Sonoma County 1.

Botulism.

5 cases, Los Angeles City.

*From reports received on July 23th and 29th for week ending July 26th.

COMMUNICABLE DISEASE REPORTS.

DISEASES	1924				1923			
	Week ending			Reports for week ending July 26 received by July 29	Week ending			Reports for week ending July 28 received by July 31
	July 5	July 12	July 19		July 7	July 14	July 21	
Anthrax.....	0	0	0	0	0	0	0	1
Botulism.....	0	0	0	5	0	0	0	0
Cerebrospinal Meningitis.....	1	2	3	1	4	3	6	0
Chickenpox.....	109	84	88	40	105	112	51	37
Diphtheria.....	161	159	180	161	147	111	130	113
Dysentery (Bacillary).....	33	0	0	0	0	0	12	0
Epidemic Encephalitis.....	6	1	1	0	3	2	4	4
Epidemic Jaundice.....	0	0	0	0	0	0	0	0
Gonorrhoea.....	46	96	40	68	101	149	92	75
Influenza.....	3	3	4	4	8	10	8	12
Leprosy.....	0	1	1	0	1	0	0	0
Malaria.....	5	1	1	1	2	7	4	6
Measles.....	132	127	49	50	607	420	348	183
Mumps.....	40	25	13	26	6	10	10	9
Pneumonia (Lobar).....	27	13	23	18	41	23	25	92
Poliomyelitis.....	4	1	3	2	2	0	5	0
Rabies (human).....	0	0	1	0	0	0	0	0
Scarlet Fever.....	78	58	69	43	95	66	94	56
Smallpox.....	99	102	80	76	24	36	41	25
Syphilis.....	82	150	62	144	55	113	129	99
Tuberculosis.....	158	156	240	115	142	165	146	106
Typhoid Fever.....	29	37	39	28	9	15	24	17
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	37	69	66	53	84	73	106	70
Totals.....	1050	1085	967	825	1436	1315	1235	905

CALIFORNIA STATE PRINTING OFFICE